

# REQUEST FOR TRAINING

PART I (To be completed by Trainee – See Instructions on Page 2)

**THIS FORM SHOULD BE TYPEWRITTEN**

## SECTION A – TRAINEE DATA

SOCIAL SECURITY NUMBER	2. LAST NAME	FIRST NAME	MI	3. ORGANIZATION CODE	4. Funding Org. (If different from Org. Code)																			
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C	T	R																						
5. JOB TITLE	5a. Position Level Supervisory <input type="checkbox"/> Non-Supervisory <input type="checkbox"/>	6. GRADE GS <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> ES <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> GM <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> WG/XP <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>		7. Telephone No.	8. Continuous Civilian Service Years <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> Months <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>																			

## SECTION B – COURSE DATA

9a. Name, mailing address, and phone number of training vendor (No., street, state, ZIP code) <b>Toastmasters International P.O. Box 9052 Mission Viejo, CA 92690</b>	9b. Location of training site (if same, mark box) <input type="checkbox"/> <b>NASA/GSFC Greenbelt, MD 20771</b>		
10a. COURSE TITLE <b>Goddard Toastmasters</b>	COURSE DATES YR MO DAY BEGINS 0 2 1 0 0 1 ENDS 0 3 0 9 3 0	12. COURSE HOURS On-Duty <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> Non-Duty <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> TOTAL <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	13a. Course Level (Mark (X) one only) 1 <input checked="" type="checkbox"/> NON-ACADEMIC 2 <input type="checkbox"/> GRADUATE 3 <input type="checkbox"/> UNDERGRADUATE 4 <input type="checkbox"/> SECONDARY ACADEMIC 13b. Credit Hrs. (if 2 or 3 is marked above) <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>
10b. Course No. (if applicable)			

14. JUSTIFICATION – Show Need for Course in Terms of Employee's Job Responsibilities.

This training will develop the employee's skills in interpersonal communications and improve the employee's performance in participating in business meetings, formal presentations, and day-to-day communications.  
- Continuing member

If this Request for Training is to enroll in a non-site course, do you require any special accommodations such as a sign language or oral interpreter, training materials in an alternate format, etc.? YES  NO

15. COURSE DESCRIPTION (Please attach any registration form and/or course brochure) <b>Provides communication and leadership training through participation in program activities such as giving prepared and impromptu speeches, conducting meetings, and performing in positions of managerial responsibility.</b>	16. DIRECT COSTS	17. INDIRECT COSTS																																		
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## SECTION C – APPROVALS

18. Immediate Supervisor – (Typed) Name and Title	Check Box if Directorate Funded <input type="checkbox"/>	19. Second-line Supervisor (Division Chief or Above)-(Typed) Name and Title	
Signature	Date	Signature	Date
20. Human Resources Development Office	Date	21. I have read the Employee Obligated Service Agreement and agree to its conditions.	
Purchase Order Number		Employee Signature	Date

# INSTRUCTIONS FOR COMPLETING REQUEST FOR TRAINING

## GENERAL PROCEDURES

Requests for Training must be received by the Human Resources Development Office, Code 114, AT LEAST 30 DAYS prior to registration deadlines.

If Request is for off-site training, a GSFC 18-26 (Purchase Request – Order – Receiving Report) must accompany the Request for Training.

If Request for Training is with an off-site, non-Government facility, trainee must read the Employee Obligated Service Agreement on the reverse side of Copy 1 and sign Block 21 on the front of copy 1.

### **PRIVACY ACT STATEMENT**

**AUTHORITY:** The Government Employees Training Act of 1958 (USC Title 5, 4101 to 4118), EO 9397, November 1943 (SSN).

**PURPOSE AND USE:** Used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training. The data becomes a part of the permanent employment record of participants and is included in the Government's Central Personnel Data File.

**DISCLOSURE:** Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in ineligibility for participation in training programs.

## **Section A – Trainee Data**

1. Social Security Number must be correct.
2. & 3. Self-explanatory.
4. In an organization other than employee's assigned organization is funding training costs, enter the funding organization's code here; otherwise, leave blank.
5. Self-explanatory.
6. Enter two-digit numeric grade level (i.e., GS05 or GM14).
7. Self-explanatory.
8. Enter number of years and months of continuous civilian Government service.

**NOTE:** Refer to GMI 3410.2B, Paragraph 5c, for regulations governing employees with less than one year continuous civilian Government service.

## **Section B – Course Data**

- 9a. – 12. Self-explanatory.
- 13a. & b. Self-explanatory.

**NOTE:** If course is for academic credit (Graduate or Undergraduate), the TRAINEE is responsible for submitting a grade report to Code 114 as soon as possible after completion of the training. *Noncompliance with this requirement may jeopardize any future requests for approval of training.*

14. & 15. Self-explanatory.
16. Include costs for tuition, matriculation, registration, library and laboratory fees. Costs for books are not allowed for employees in special programs (i.e., USE, Part-Time Graduate, etc.).
  17. If travel is required to attend the training, give an estimated cost of expenses that will be incurred by the Center.

## **Section C – Approvals**

Each request *must* be signed by the funding organization's Branch Head and Division Chief or their designee before forwarding to the Human Resources Development Office. Collocated employees should also route the request through their assigned organization for initializing prior to forwarding to Code 114.

## EMPLOYEE OBLIGATED SERVICE AGREEMENT

1. I agree that after I have completed training as described on the reverse side, which is to be furnished to me at Government expense, I will continue serving in the National Aeronautics and Space Administration for a period of not less than three times the length of the training, \* unless I am voluntarily separated.
2. If I fail to satisfactorily complete the training (once I am enrolled and attending), I will pay to the Government all additional expense (except salary) incurred in connection with the training unless my reasons for failing to satisfactorily complete the training are acceptable to GSFC.
3. If I voluntarily leave the NASA before completing this period of service and do not immediately enter the service of another Federal agency, I agree to reimburse the NASA for the tuition and related fees, travel, and other special expenses (excluding salary) paid in connection with my training.

I further agree that if I voluntarily leave the NASA before completing this period of service, I will give notice of at least 10 workdays during which a determination will be made if reimbursement is required.

4. I understand that any amounts which may be due the NASA as a result of any failure on my part to meet the terms of this agreement may, unless recovery is waived by the NASA, be withheld from any monies owed me by the Government or may be recovered by such other methods as are provided by law.
5. I further agree to notify my immediate supervisor and request that he notify the Head, Employee Development Branch, through channels, of any change in my training (re-schedule, course drops or changes, withdrawals, etc.) prior to such changes.

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\* The length of part time training is the number of hours spent in class or with the instructor.  
The length of full time training is the number of hours in a pay status (or on leave) up to a maximum of eight hours a day or forty hours a week.